

Items included in the Diabetes Treatment Satisfaction Questionnaire (DTSQ)

The following questions are concerned with the treatment of your diabetes (including insulin, tablets and/or diet) and your experience over the past few weeks.

1	How satisfied are you with your current treatment?	very satisfied — very dissatisfied
2	How often have you felt that your blood sugars have been unacceptably high recently?	most of the time — none of the time
3	How often have you felt that your blood sugars have been unacceptably low recently?	most of the time — none of the time
4	How convenient have you been finding your treatment to be recently?	very convenient — very inconvenient
5	How flexible have you been finding your treatment to be recently?	very flexible — very inflexible
6	How satisfied are you with your understanding of your diabetes?	very satisfied — very dissatisfied
7	Would you recommend this form of treatment to someone else with your kind of diabetes?	yes, I would definitely recommend the treatment — no, I would definitely not recommend the treatment
8	How satisfied would you be to continue with your present form of treatment?	very satisfied — very dissatisfied

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